

Dear Doctor:

As required by the Comprehensive Addiction and Recovery Act (CARA), CMS finalized the framework under which Part D plan sponsors may adopt drug management programs (DMPs) for beneficiaries who are at risk of misusing or abusing frequently abused drugs.

In order to prevent and combat opioid overuse, Doctors Health Care Plans, Inc. has implemented certain criteria to identify potentially at-risk beneficiaries at the pharmacy level *based on current morphine milligram equivalent (MME*) thresholds*.

As of 2023, the following edits at the pharmacy level apply and you may receive a call from a retail pharmacist to discuss the necessity of doses prescribed:

- *Opioid naïve patients will not be allowed to receive more than 7 day's supply.*
- *≥ 90 MME* per day and ≥3 distinct opioid prescribers*
- *≥ 200 MME* per day and ≥3 distinct opioid prescribers*
- *duplicative opioid therapy*
- *concurrent use of opioids and benzodiazepines*

Residents of long-term care facilities, those in hospice care, patients receiving palliative or end-of-life care, patients being treated for active cancer-related pain and patients with sickle cell disease are exempt from these safety edits.

Furthermore, as part of Doctors HealthCare Plans Opioid Drug Management Program, patients meeting the following criteria will be identified retrospectively and these patients will be provided enhanced case management to make clinically-justified determinations as to the medical necessity of the opioid treatment regimen. Cooperation with the prescribing physician will be essential to the success of this program. We kindly ask that you please respond to pharmacy outreach related to opioid safety alerts in a timely manner and please educate your staff regarding these potential communications.

*Minimum OMS criteria are based on the following specifications (criteria 1 **OR** 2 must be met; however, PARBs may meet both types of criteria):*

1. *Level of opioid use from multiple prescribers/pharmacies:*
 - a. *Use of opioids with average daily MME ≥ 90 mg for any duration during the most recent 6 months AND either:*
 - i. *3+ opioid prescribers AND 3+ opioid dispensing pharmacies; OR*
 - ii. *5+ opioid prescribers (regardless of the number of opioid dispensing pharmacies)*
 - b. *Prescribers associated with the same single Tax Identification Numbers (TIN) are counted as a single prescriber.*
 - c. *Pharmacies with multiple locations that share real-time data are counted as one pharmacy.*
2. *History of opioid-related overdose*
 - a. *A medical claim with a primary diagnosis of opioid-related overdose within the most recent 12 months; AND*
 - b. *A Part D opioid prescription (not including MAT) within the most recent 6 months.*

Description of the methodology that CMS uses to identify group prescriber practices and pharmacies that share real-time data can be found in the OMS user guide available at <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization>.

Additional members may be identified based on multiple providers, multiple pharmacies, and/or MME that may not meet CMS' criteria. Please be assured that criteria used to identify potentially at-risk members are not intended as prescribing limits *using the supplemental Overutilizing Monitoring System (OMS) criteria.*

Supplemental OMS criteria are:

- *Use of opioids (regardless of average daily MME) during the most recent 6 months; AND*
- *7+ opioid prescribers OR 7+ opioid dispensing pharmacies*
- *Prescribers associated with the same single Tax Identification Numbers (TIN) are counted as a single prescriber.*
- *Pharmacies with multiple locations that share real-time data are counted as one pharmacy.*

Please be assured that criteria used to identify potentially at-risk beneficiaries for drug management programs or pharmacy level edits are not intended as prescribing limits.

***Morphine milligram equivalent (MME)** – The number of milligrams of morphine an opioid dose is equal to when prescribed. This is how to calculate the total amount of opioids, accounting for differences in opioid drug type and strength.

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